

VOLUNTARY PATERNITY ACKNOWLEDGMENT

EIGHTH ANNUAL ASSESSMENT

July 1, 2005 – June 30, 2006

Completed by:
Child Support Enforcement
Department of Human Services

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I. Background

North Dakota was required to develop a simple civil process for the voluntary acknowledgment of paternity. Requirements regarding voluntary acknowledgment of paternity may be found in federal law (see 42 U.S.C. § 666(a)(5)), federal regulations (see 45 C.F.R. § 303.5), and state law (see N.D.C.C. chs. 14-19 and 14-20). As part of the requirements, the North Dakota Department of Human Services, in cooperation with the North Dakota Department of Health, must assess the state's voluntary paternity acknowledgment program on at least an annual basis. Hereinafter, the Department of Human Services will be referred to as Child Support Enforcement (a division of the Department of Human Services) and the Department of Health will be referred to as Vital Records (a division of the Department of Health).

Paternity establishment is a necessary first step in obtaining child support and medical support when a child is born out of wedlock. In addition to support, there are other potential financial benefits to establishing paternity. For example, a child whose paternity has been established may be entitled to social security or veterans' benefits on the father's account, pension benefits, or other rights of inheritance. Paternity establishment may also be the first step in developing psychological and social bonds between the father and child thereby giving the child psychological and social advantages and a sense of family history. Paternity establishment may also be necessary in order to provide the child with access to important medical history information regarding the father or the father's family.

A form entitled "North Dakota Acknowledgment of Paternity" (SFN 8195) (Attachment 1) has been developed for the purpose of voluntarily acknowledging paternity. When this form is properly completed and filed, a father and child relationship is established which has the same effect as a father and child relationship established by a court. On the basis of this form, the father may be ordered to provide child support and medical support for the child.

Voluntary paternity acknowledgment services must be provided by licensed birthing hospitals within the state, North Dakota's Regional Child Support Enforcement Units, and Vital Records. The services must include providing parents with written materials about paternity establishment; the form necessary to acknowledge paternity; written and oral descriptions of the rights, responsibilities, and legal consequences of acknowledging paternity; and the opportunity to speak to trained staff regarding paternity establishment. Entities providing voluntary paternity acknowledgment services must also provide the parents with the opportunity to acknowledge paternity by completing the form and must forward the completed form to Vital Records. To safeguard the parents' due process rights, written information must be provided to the parents about the manner in which an acknowledgment of paternity may be rescinded or vacated. Birthing hospitals must provide these services during the period immediately preceding or following the birth of an out of wedlock child. The Regional Child

Support Enforcement Units and Vital Records may provide these services at any time after an unmarried woman is determined to be pregnant.

The first annual assessment, covering the period from July 1, 1998, through June 30, 1999, included the voluntary paternity acknowledgment programs at North Dakota's birthing hospitals. Thereafter, the assessments were expanded to include the voluntary paternity acknowledgment programs at the Regional Child Support Enforcement Units and Vital Records in addition to the birthing hospitals. This eighth annual assessment includes the voluntary paternity acknowledgment programs at North Dakota's birthing hospitals, Regional Child Support Enforcement Units, and Vital Records.

(Note: The North Dakota Legislative Assembly adopted the Uniform Parentage Act 2002, which was codified at N.D.C.C. ch. 14-20 and became effective on August 1, 2005. Although this legislation did not change the duties of voluntary paternity acknowledgment service providers, it did make numerous other changes to North Dakota's voluntary paternity acknowledgment program. In turn, these changes resulted in the need to change the form and various outreach materials. These changes are reflected in this assessment.)

II. Assessment Period

This eighth annual assessment covers the time period from July 1, 2005, through June 30, 2006, which corresponds to North Dakota's fiscal year.

III. Out of Wedlock Births

During the assessment period, there were 3,165 out of wedlock births in North Dakota. This represents an 11.2% increase from the seventh annual assessment period during which time there were 2,847 out of wedlock births in North Dakota.

IV. Sources of Assessment Data

Data for this assessment was gathered from two primary sources:

1. Acknowledgment of Paternity forms filed with Vital Records
2. Surveys of birthing hospitals, Regional Child Support Enforcement Units, and Vital Records

Each of these will be discussed in more detail in the following sections.

V. Acknowledgment of Paternity Forms – Findings

During the assessment period, 2,527 Acknowledgment of Paternity forms were completed by parents desiring to establish paternity for their child. This is 79.8% of the total number of out of wedlock births for the same period. This represents a modest increase from the seventh annual assessment period during which time 2,191 Acknowledgment of Paternity forms (76.9%) were completed. All 2,527 forms completed during this assessment period were reviewed.

A. Timeliness

It is beneficial to have parents complete the Acknowledgment of Paternity form at a time close to the child's birth. In an effort to determine when parents were completing the forms, the forms were reviewed by comparing the date of the child's birth to the dates of the parents' signatures. If the parents signed the form on different dates, the later date on which the second parent signed the form was used.

Data comparison showed that 85.3% of Acknowledgment of Paternity forms were completed within three days of the child's date of birth. Data comparison for the seventh annual assessment showed that 87.7% of Acknowledgment of Paternity forms were completed within three days of the child's date of birth.

B. Inconsistencies or Omissions

To determine if forms were being completed correctly, certain key data elements on the forms were reviewed. A total of 46 inconsistencies or omissions were tabulated. The most common inconsistency was that the date of the parent's signature differed from the date of the signature of the parent's witness (14 occurrences). The most common omission was the date of the mother's signature (10 occurrences). Another common omission was the child's date of birth or place of birth (nine occurrences). The inconsistencies or omissions did not prevent these forms from being accepted by Vital Records for filing.

VI. Surveys of Birthing Hospitals – Findings

A survey (Attachment 2) designed to capture information about the hospitals' voluntary paternity acknowledgment programs was developed and sent to 43 licensed birthing hospitals in North Dakota. All 43 of these surveys (100%) were eventually returned.

Surveys were also sent to the two Indian Health Service hospitals located in North Dakota. Neither survey was returned. The Indian Health Service hospitals are not required by law to provide voluntary paternity acknowledgment services to unmarried parents. However, Child Support Enforcement encourages them to do so.

Twenty-two of the 43 responding licensed birthing hospitals reported that they either did not have any births or did not have any births to unmarried parents during the assessment period; therefore, they did not have the opportunity to provide voluntary paternity acknowledgment services. Responses from the remaining 21 hospitals were tabulated for this report. The number of hospitals whose responses were tabulated for this report has decreased since the seventh annual assessment at which time responses from 23 hospitals were tabulated. This may be an indication that some hospitals have discontinued providing birthing services since the seventh annual assessment.

A. Provision of Services

With respect to the requirement that hospitals provide unmarried parents with the Acknowledgment of Paternity form and the opportunity to complete the form while in the hospital, 17 hospitals (81%) are providing these services “all of the time.” Four hospitals are providing these services “most of the time.”¹ The percentage of hospitals providing these services “all of the time” has decreased since the seventh annual assessment at which time 86.9% of the hospitals were providing these services “all of the time.”

B. Oral Description

With respect to the requirement that hospitals provide unmarried parents with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity, survey responses showed that 17 hospitals (81%) are providing this service “all of the time.” One hospital is providing this service “most of the time,” two hospitals are providing this service “none of the time” and one hospital responded that it is providing this service both “all of the time” and “some of the time.”² The percentage of hospitals providing this service “all of the time” has increased since the seventh annual assessment at which time 69.5% of the hospitals were providing this service “all of the time.”

Child Support Enforcement has developed and distributed an audiotape to facilitate the oral description requirement. The hospitals are not required to use the audiotape and, in fact, only 11 hospitals (52.4%) use it. Seven hospitals use it “all of the time” and four hospitals use it “some of the time.” Ten hospitals indicated they are not using the audiotape.³ The percentage of hospitals using the audiotape has decreased since the seventh annual assessment at which time 56.5% of the hospitals were using the audiotape.

C. Opportunity to Speak to Trained Staff

With respect to the requirement that hospitals provide unmarried parents with the opportunity to speak to trained staff regarding paternity

¹ One hospital that indicated it is only providing this service “most of the time” also indicated that “all unmarried mothers are asked if they want paternity acknowledgment.” Given this clarification, it is unclear why this hospital responded that it is only providing this service “most of the time.”

² One hospital that indicated it is providing this service “none of the time” also noted that they “don’t always get to visit with the mother.” Child Support Enforcement developed an audiotape to facilitate the oral description requirement. The audiotape may be particularly appropriate in situations where demands on staff time and resources are such that staff cannot provide the oral description during a face-to-face visit.

³ The hospitals that indicated they are not using the audiotape provided a variety of reasons, including that parents prefer to speak to staff in person. Another reason given for not using the audiotape was “time constraints.” This response is somewhat surprising since the audiotape was developed as a way to free up staff time while still providing the required oral description. Another reason given for not using the audiotape is that the hospital doesn’t have a copy. Hospitals may request a copy of the audiotape at any time by contacting Child Support Enforcement.

establishment, 18 hospitals (85.7%) are providing this service “all of the time.” One hospital is providing this service “most of the time, one “some of the time, and one “none of the time.”⁴ The percentage of hospitals providing this service “all of the time” has decreased since the seventh annual assessment at which time 86.9% of the hospitals were providing this service “all of the time.”

D. Forwarding to Vital Records

Hospitals are required to forward completed Acknowledgment of Paternity forms to Vital Records. All 21 hospitals (100%) reported that they are providing this service “all of the time.” The percentage of hospitals providing this service “all of the time” has increased since the seventh annual assessment at which time 95.6% of the hospitals were providing this service “all of the time.”

Hospitals were asked to estimate the number of days that elapse from the time an acknowledgment is completed to the time it is forwarded to Vital Records. The responses varied widely from the same day to up to 30 days. Eleven hospitals responded that they are forwarding completed acknowledgments within five days or less. Five hospitals are forwarding completed acknowledgments within six days or more. One hospital is forwarding completed acknowledgments at the beginning of each month. Four hospitals failed to respond to the question.

E. Additional Written Materials

Hospitals are required to provide unmarried parents with written materials about paternity establishment. These written materials are included on the reverse side of the Acknowledgment of Paternity form. The hospitals were asked if any **additional** written materials are being provided to unmarried parents. (Child Support Enforcement has developed and distributed a brochure regarding voluntary paternity acknowledgment; this survey question was designed to elicit information regarding whether this brochure is being used. Use of this brochure is optional.) Twelve of the 21 hospitals (57.1%) are providing additional written materials; nine hospitals are not.⁵ Of the 12 hospitals that are providing additional written materials, eight hospitals are doing so “all of the time,” and three hospitals are doing so “most of the time.” One hospital, perhaps misunderstanding

⁴ The hospital that is providing this service “most of the time” noted that the staff providing voluntary paternity acknowledgment services is not always at work “when mother delivers and goes home.” Although staff is not necessarily required to be available to provide voluntary paternity acknowledgment services at all hours of the day or night, this hospital should consider cross-training so that staff in other units can be available when the unit with primary responsibility is unavailable. Staff training is discussed elsewhere in this report. In addition, any hospital that has staff training issues may wish to contact Child Support Enforcement to discuss and develop a plan to address these issues.

⁵ Of the twelve hospitals providing additional written materials, several indicated they are providing the script for the audiotape as well as the brochure. Of the nine hospitals not providing additional written materials, one hospital indicated it will do so if a parent requests additional information.

the question, responded that it was “not applicable.” The percentage of hospitals providing additional written materials has increased since the seventh annual assessment at which time 43.5% of the hospitals were providing these materials.

F. Staff Training

Staff training is a key component of the hospitals’ voluntary paternity acknowledgment programs. Child Support Enforcement provided training to hospital staff through interactive video in May 1998 and in December 2004 and has also furnished two training videotapes and a training handbook to the hospitals. The videotapes may be used by the hospitals to provide new-worker training, refresher training, or cross-training. Use of the videotapes is not mandated. The hospitals were asked how often they are using the videotapes. Eleven hospitals (52.4%) reported using the training videotapes: one hospital reported using the training videotapes “all of the time,” one “most of the time,” and nine “some of the time.” Ten hospitals responded that they are using the training videotapes “none of the time.”⁶ The percentage of hospitals using the training videotapes has decreased since the seventh annual assessment at which time 60.9% of the hospitals were using the training videotapes.

G. Staff Responsibility

The hospitals were asked which staff had been assigned responsibility for providing voluntary paternity acknowledgment services. The majority indicated that voluntary paternity acknowledgment services are being provided by medical records staff, nursing staff, or social workers. In most hospitals, more than one group of staff is responsible for providing these services (e.g., nursing staff and medical records staff). In large hospitals (i.e., hospitals with 100 or more births during the assessment period), staff responsibility is fairly evenly divided between nursing staff and social work staff. Large hospitals don’t appear to use medical records staff to provide voluntary paternity acknowledgment services. By contrast, in small hospitals (i.e., hospitals with 60 or fewer births during the assessment period), staff responsibility is most often assigned to nursing staff or medical records staff.

⁶ Hospitals that are not using the training videotapes provided a variety of reasons, including that there has been no staff turnover or that watching the videotapes is too time-consuming. Some hospitals indicated that the mothers are not in the hospital long enough to watch the videotapes. These comments seem to indicate that the hospitals might be confusing the staff training videotapes with the “Power of Two” videotape developed by the federal Office of Child Support Enforcement to provide general information for parents about voluntary paternity acknowledgment. A few hospitals indicated that they use the audiotape for staff training. Although the audiotape was primarily intended to facilitate the requirement to provide parents with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity, hospitals may incorporate it into their staff training procedures if they find it useful.

The hospitals were also asked to estimate the total number of staff having responsibility for providing voluntary paternity acknowledgment services. The responses were fairly evenly divided between one to three staff, four to eight staff, and 13 or more staff.⁷

H. Written Policies and Procedures

The hospitals were asked if they had developed any written policies and procedures addressing their voluntary paternity acknowledgment programs. Eleven hospitals (52.4%) responded in the affirmative and ten hospitals responded that they had not developed written policies and procedures.⁸ The percentage of hospitals that have developed written policies and procedures has decreased since the seventh annual assessment at which time 60.9% of the hospitals had developed written policies and procedures.

I. Recordkeeping

The hospitals were asked if they keep records of the number of voluntary paternity acknowledgments completed through their hospitals. There is no requirement for hospitals to keep track of this number. Twelve hospitals (57.1%) responded that they do keep records of the number of voluntary paternity acknowledgments completed and nine hospitals do not keep track of this number.⁹ The percentage of hospitals keeping track of the number of voluntary paternity acknowledgments completed has decreased since the seventh annual assessment at which time 60.9% of the hospitals were keeping track of this number.

J. Reasons Unmarried Parents Do Not Want to Acknowledge Paternity

Based on what they are told by unmarried parents and on their own impressions, the hospitals were asked to identify reasons why unmarried parents do not want to acknowledge paternity through the voluntary paternity acknowledgment process. The three most common responses were that the father is not available at the hospital, the mother doesn't want the father's name on the child's birth certificate, and the father is unsure that he is the biological father.

⁷ Not surprisingly, the larger the hospital, the more staff have responsibility for providing voluntary paternity acknowledgment services. For example, among large hospitals (i.e., hospitals with 100 or more births during the assessment period), five hospitals have 13 or more staff responsible for providing these services. In contrast, among small hospitals (i.e., hospitals with 60 or fewer births during the assessment period), nine hospitals have fewer than nine staff responsible for providing these services.

⁸ It appears that small hospitals (i.e., hospitals with 60 or fewer births during the assessment period) are less likely than large hospitals (i.e., hospitals with 100 or more births during the assessment period) to have written policies and procedures. For example, six small hospitals and three large hospitals do not have written policies and procedures.

⁹ Small hospitals (i.e., hospitals with 60 or fewer births during the assessment period) are more likely to keep track of the number of voluntary paternity acknowledgments completed than large hospitals (i.e., hospitals with 100 or more births during the assessment period). For example, seven small hospitals, one medium-size hospital (i.e., hospital with between 61 and 99 births during the assessment period), and four large hospitals reported that they are keeping track of this number.

K. High-Performing Hospitals

For this eighth annual assessment, Child Support Enforcement attempted to determine which hospitals were high performers with respect to providing voluntary paternity acknowledgment services. For children for whom an acknowledgment of paternity was completed during the assessment period, Child Support Enforcement compared the child's date of birth to the date the form was signed by the parents. If the parents signed the form on different dates, the later date on which the second parent signed the form was used. If the form was signed within three days of the child's date of birth, Child Support Enforcement assumed the form was completed at the hospital where the child was born. Child Support Enforcement then compared the number of forms completed at each hospital to the total number of out-of-wedlock children born at that hospital during the assessment period.

Among large hospitals (i.e., hospitals with 100 or more out-of-wedlock births during the assessment period), Mercy Hospital of Devils Lake was the highest-performing hospital with forms completed for 77% of the children who were born out of wedlock. Innovis Health of Fargo and Altru of Grand Forks were the second and third highest-performing large hospitals (76% and 72%, respectively).

Among medium-sized hospitals (i.e., hospitals with more than 20 but fewer than 100 out-of-wedlock births during the assessment period), St. Joseph's of Dickinson was the highest-performing hospital with forms completed for 60% of the children who were born out of wedlock.

Among small hospitals (i.e., hospitals with 20 or fewer out-of-wedlock births during the assessment period), First Care Health Center of Park River was the highest-performing hospital with forms completed for 90% of the children who were born out of wedlock. Mercy Hospital of Valley City was the second highest-performing small hospital (89%).

VII. Surveys of Regional Child Support Enforcement Units – Findings

A survey (Attachment 3) designed to capture information about the voluntary paternity acknowledgment program at each Regional Child Support Enforcement Unit (hereinafter referred to as RCSEU) was developed and sent to the eight RCSEUs within North Dakota. All eight (100%) of the surveys were returned. Responses from the surveys were tabulated for this report.

A. Provision of Services

With respect to the requirement that RCSEUs provide unmarried parents with the opportunity to acknowledge paternity in cases where paternity is an issue (including providing unmarried parents with the form needed to acknowledge paternity as necessary and appropriate), survey responses indicate that seven RCSEUs (87.5%) are providing this service "all of the

time.” One RCSEU is providing this service “most of the time.”¹⁰ The percentage of RCSEUs providing this service “all of the time” has decreased since the seventh annual assessment at which time 100% of the RCSEUs were providing this service “all of the time.”

B. Oral Description

With respect to the requirement that RCSEUs provide unmarried parents with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity, survey responses showed that six RCSEUs (75%) are providing this service “all of the time.” One RCSEU is providing this service “most of the time,” and one RCSEU is providing this service “some of the time.”¹¹ The percentage of RCSEUs providing this service “all of the time” has increased since the seventh annual assessment at which time 62.5% of the RCSEUs were providing this service “all of the time.”

Child Support Enforcement has developed and distributed an audiotape to facilitate the oral description requirement. Use of the audiotape is not mandated and, in fact, only five RCSEUs (62.5%) use it. Three RCSEUs use it “all of the time” and two RCSEUs use it “some of the time.” Three RCSEUs are not using it. The percentage of RCSEUs using the audiotape has decreased since the seventh annual assessment at which time 75% of the RCSEUs were using it.

C. Opportunity to Speak to Trained Staff

With respect to the requirement that RCSEUs provide unmarried parents with the opportunity to speak to trained staff regarding paternity establishment, seven RCSEUs (87.5%) responded that they are providing this service “all of the time.” One RCSEU is providing this service “some of the time.”¹² The percentage of RCSEUs providing this service “all of the time” is unchanged since the seventh annual assessment.

¹⁰ The RCSEU that indicated it is providing this service “most of the time” explained that this service is not being provided in “default paternity cases.” Presumably this means that the RCSEU has no contact with the alleged father and, thus, no opportunity to provide this service.

¹¹ The RCSEU that indicated it is providing this service “some of the time” indicated that an oral description is provided “if asked for.” The oral description is required whenever voluntary paternity acknowledgment services are provided. Parents are entitled to receive the oral description without having to ask for it. Indeed, they may not know that an oral description is part of the process and, therefore, would not even know to ask for it. The RCSEU that indicated it is providing this service “most of the time” also indicated that “an audiotape is used followed by asking the parents if there are any questions.” This RCSEU may have misunderstood the question since use of the audiotape is an allowable way to provide the oral description.

¹² The RCSEU that is providing this service “some of the time” also indicated that “opportunity is provided whenever needed or asked for.” Given this clarification, it is unclear why this RCSEU responded that it is only providing this service “some of the time.”

D. Forwarding to Vital Records

RCSEUs are required to forward completed Acknowledgment of Paternity forms to Vital Records. All eight RCSEUs (100%) are providing this service “all of the time.” The percentage of RCSEUs providing this service “all of the time” is unchanged from the seventh annual assessment.

E. Additional Written Materials

RCSEUs are required to provide unmarried parents with written materials about paternity establishment. These written materials are included on the reverse side of the Acknowledgment of Paternity form. The RCSEUs were asked if they are providing any **additional** written materials to unmarried parents. (Child Support Enforcement has developed and distributed a brochure regarding voluntary paternity acknowledgment; this survey question was designed to elicit information regarding whether this brochure is being used. Use of the brochure is optional.) Survey responses show that five RCSEUs (62.5%) are providing additional written materials. Three RCSEUs are not providing additional written materials. Of the five RCSEUs that are providing additional written materials, two RCSEUs are doing so “all of the time,” two RCSEUs are doing so “some of the time,” and one RCSEU is doing so both “all of the time” and “some of the time.”¹³ The percentage of RCSEUs providing additional written materials has increased since the seventh annual assessment at which time 50% of the RCSEUs were providing additional written materials.

F. Staff Training

Staff training is a key component of the voluntary paternity acknowledgment program. RCSEU staff were invited to attend the interactive video training that Child Support Enforcement provided to hospital staff in May 1998 and in December 2004. Additional training was provided to RCSEU staff at the North Dakota Family Support Council Annual Training Conference in October 1999. Child Support Enforcement also furnished the RCSEUs with two training videotapes and a training handbook. The videotapes may be used to provide new-worker training, refresher training, or cross-training. Use of the videotapes is not mandated. The RCSEUs were asked if they are in fact using the videotapes. Six RCSEUs (75%) reported using the training videotapes “all of the time.” One RCSEU reported that it is using one of the training videotapes “all of the time” and that it is using the other training videotape “none of the time.” One RCSEU failed to respond directly to the question but indicated that the staff training videotapes are used “at the beginning of each year and when a new employee is hired.” The percentage of RCSEUs using the training videotapes “all of the time” has increased

¹³ The RCSEU that is providing additional written materials both “all of the time” and “some of the time” clarified that it is providing the brochure “all of the time” and the script for the audiotape as supplemental material “some of the time.”

since the seventh annual assessment at which time 62.5% of the RCSEUs were using the training videotapes “all of the time.”

G. Recordkeeping

The RCSEUs were asked if they keep records of the number of Acknowledgment of Paternity forms completed through their offices. The RCSEUs are not required to keep track of this number. Three RCSEUs (37.5%) maintain a record of the number of Acknowledgment of Paternity forms completed through their offices, five do not. The number of RCSEUs keeping track of this number is unchanged from the seventh annual assessment.

H. Obtaining Copies of Acknowledgment of Paternity Forms

The RCSEUs are required to follow certain written policies and procedures regarding their voluntary paternity acknowledgment programs. One of the requirements is to determine if an Acknowledgment of Paternity form is on file with Vital Records for any child for whom paternity is an issue. In addition, if an Acknowledgment of Paternity form is on file for any such child, the RCSEUs are required to obtain a copy of the acknowledgment. For children born after 2000, the RCSEUs can determine if an Acknowledgment of Paternity form is on file by accessing DocuNet, a Vital Records database of scanned forms. The RCSEUs can also print copies of the forms that have been scanned to DocuNet. For children born before 2001, the RCSEUs can determine if an Acknowledgment of Paternity form is on file by making a written request to Vital Records. The RCSEUs were asked how often they are determining if an Acknowledgment of Paternity form is on file and, if so, obtaining a copy. All eight RCSEUs (100%) reported that they are making this determination “all of the time.” DocuNet was not available to the RCSEUs during the seventh annual assessment period. Therefore, it is not possible to directly compare responses for the seventh and eighth annual assessment periods.

Child Support Enforcement has developed a form letter to be used by the RCSEUs when it is necessary to contact Vital Records to determine if an Acknowledgment of Paternity form is on file and to request a copy of such, if applicable. The RCSEUs were asked how often they are using the required form letter. All eight RCSEUs (100%) responded that they are using this form letter “all of the time.” The need to use the form letter has been greatly impacted by the ability of the RCSEUs to access DocuNet. In most cases, the determination of whether or not an Acknowledgment of Paternity form is on file can be made via DocuNet. Therefore, the number of situations where it is necessary to contact Vital Records via form letter has significantly decreased. DocuNet was not available to the RCSEUs during the seventh annual assessment period. Therefore, it is not

possible to directly compare responses for the seventh and eighth annual assessment periods.

The RCSEUs were asked to describe at what point they make the initial effort to determine if an Acknowledgment of Paternity form has been completed for a particular child. All eight RCSEUs responded that they make the initial effort when they first begin providing services on the child's case.

The RCSEUs were also asked to describe the circumstances under which they would make follow-up efforts if the initial effort was unsuccessful (e.g., if Vital Records responded that there was no Acknowledgment of Paternity form on file for the particular child). Four RCSEUs responded that follow-up efforts would be made if the initial effort was made so soon after the child's birth that there was a possibility that Vital Records would not yet have received a completed Acknowledgment of Paternity form from the hospital. The other four RCSEUs indicated that they would make follow-up efforts if case specifics indicated that in fact an Acknowledgment of Paternity form had been completed.

I. Reasons Unmarried Parents Do Not Want to Acknowledge Paternity

Based on what they are told by unmarried parents and on their own impressions, the RCSEUs were asked to identify reasons why unmarried parents do not want to acknowledge paternity through the voluntary paternity acknowledgment process. The three most common responses were that the father is not available (e.g., he is in prison or in the military), that the father is not sure that he is the biological father, and that the parents are unwilling to cooperate with each other to voluntarily acknowledge paternity.

VIII. Survey of Vital Records – Findings

A survey (Attachment 4) designed to capture information about the voluntary paternity acknowledgment program at Vital Records was developed and sent to Vital Records. The survey was completed and returned.

A. Provision of Services

With respect to the requirement to provide unmarried parents with the Acknowledgment of Paternity form and the opportunity to complete the form, Vital Records indicated that it is providing these services "all of the time."

B. Oral Description

With respect to the requirement to provide unmarried parents with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity, Vital Records responded that it is providing this service "all of the time."

Child Support Enforcement has developed and distributed an audiotape to facilitate the oral description requirement. Use of this audiotape is optional. Vital Records indicated that it is not using the audiotape.

C. Opportunity to Speak to Trained Staff

With respect to the requirement to provide unmarried parents with the opportunity to speak to trained staff regarding paternity establishment, Vital Records is providing this service “all of the time.”

D. Additional Written Materials

Vital Records is required to provide unmarried parents with written materials about paternity establishment. These written materials are included on the reverse side of the Acknowledgment of Paternity form. Vital Records was asked if **additional** written materials are being provided. (Child Support Enforcement has developed and distributed a brochure regarding voluntary paternity acknowledgment; this survey question was designed to elicit information regarding whether this brochure is being used. Use of this brochure is optional.) Vital Records is not providing any additional written materials.

E. Staff Training

Staff training is a key component of the voluntary paternity acknowledgment program. Vital Records staff attended the training that Child Support Enforcement provided to hospital staff in May 1998 but did not attend the training provided in December 2004 due to schedule conflicts. Child Support Enforcement also furnished two training videotapes and a training handbook to Vital Records. The videotapes may be used by Vital Records to provide new-worker training, refresher training, or cross-training. Use of the training videotapes is not mandated. Vital Records was asked if the training videotapes are in fact being used. Vital Records responded that the training videotapes are not being used.

F. Written Policies and Procedures

Vital Records was asked if any written policies and procedures addressing their voluntary paternity acknowledgment program had been developed. In response, Vital Records indicated that written policies and procedures have been developed.

G. Recordkeeping

Vital Records was asked if a record is maintained of the number of Acknowledgment of Paternity forms completed with the assistance of Vital Records staff (i.e., situations in which Vital Records provided services in addition to filing the Acknowledgment of Paternity form). Vital Records is not required to maintain such a record and, in fact, Vital Records is not keeping track of this number.

H. Filing Acknowledgment of Paternity Forms

Vital Records was asked to estimate the number of days that elapse between the time an Acknowledgment of Paternity form is received and the time it is filed. Vital Records was also asked to describe any circumstances in which an Acknowledgment of Paternity form would not be accepted for filing.

In response, Vital Records indicated that the form is considered filed on the day it is received, provided it is properly completed. Vital Records further indicated that a form would be considered incomplete and not accepted for filing if there was missing information or if it appeared to have been altered. An incomplete form is returned to the parents or to the entity from which it was received for correction.

IX. Conclusions

It appears that voluntary paternity acknowledgment services are being made widely available in North Dakota. The efforts of all the entities that provide voluntary paternity acknowledgment services are very much appreciated. During this assessment period, 2,527 Acknowledgment of Paternity forms were completed by parents desiring to establish paternity for their child. This is 79.8% of the total number of out of wedlock births for the same period. Not only does this reverse the slight downward percentage noted in the previous assessment period, it also represents the highest percentage obtained since these assessments began.

With respect to the hospitals, it does not appear that any hospital has systemic problems with its voluntary paternity acknowledgment program. However, survey responses indicate that the percentage of hospitals providing parents with the Acknowledgment of Paternity form and the opportunity to complete it while in the hospital continues to decrease. This is problematic since state law provides that medical assistance payments may be withheld from hospitals as a sanction for failure to comply with voluntary paternity acknowledgment requirements.

On the other hand, the percentage of hospitals providing the required oral description "all of the time," significantly increased since the previous assessment period. This is encouraging since the oral description requirement has historically been problematic for certain hospitals.

Caution must be exercised in drawing specific conclusions based on direct comparison with the previous assessment period and in expressing results in terms of percentages. For example, for the previous assessment period, responses from 23 hospitals were tabulated for the assessment report. For this assessment period, responses from only 21 hospitals were tabulated. As the number of hospitals providing birthing services decreases, the sample size necessarily decreases as well. Since the sample size is small, if even one or two

hospitals fail to provide a required service “all of the time,” it can have a significant negative effect on results expressed in terms of percentages.

With respect to the RCSEUs, the basic requirements relating to the provision of voluntary paternity acknowledgment services are the same as for hospitals and Vital Records. However, the RCSEUs’ role may differ in some ways. Accordingly, written policies and procedures have been developed which the RCSEUs are required to follow. Those policies and procedures are incorporated into the Establishment chapter of the Child Support Enforcement program policy manual.

In addition to the need to meet specific requirements relating to the provision of voluntary paternity acknowledgment services, North Dakota’s child support enforcement program must achieve certain levels of performance in its “paternity establishment percentage” in order to earn federal incentive payments and avoid financial penalty. An effective voluntary paternity acknowledgment program is a crucial factor in achieving the necessary level of performance in this area.

Based on the survey responses, it appears that the RCSEUs have maintained a high level of performance in certain key areas but that there is still room for improvement in other areas, such as providing unmarried parents with the opportunity to voluntarily acknowledge paternity in cases where paternity is an issue. On the other hand, the RCSEUs reported improvement with respect to providing the required oral description. This is encouraging since the oral description was noted as a problem area in the previous assessment period.

As with the hospitals, caution must be exercised when expressing results in terms of percentages. The sample size for the RCSEUs is even smaller than for hospitals. Therefore, if even one RCSEU fails to provide a required service “all of the time,” there can be a significant negative effect on results expressed in terms of percentages.

X. Recommendations

Based on the foregoing findings and conclusions, it is recommended:

1. That Child Support Enforcement continue to maintain and update the “point of contact” list for each entity offering voluntary paternity acknowledgment services in order to have a contact person at each entity when issues or questions arise.
2. That Child Support Enforcement distribute this eighth annual assessment to North Dakota’s birthing hospitals, RCSEUs, and Vital Records so that those entities may review the assessment in light of their internal policies and procedures and make adjustments to those policies and procedures as necessary and appropriate.

3. That Child Support Enforcement continue to work with entities that provide voluntary paternity acknowledgment services to identify unresolved issues and address those issues.
4. That Child Support Enforcement continue to include the Indian Health Service hospitals in North Dakota in correspondence and activities relating to voluntary paternity acknowledgment. Examples include providing the Indian Health Service hospitals with a copy of this eighth annual assessment and including them on the “point of contact” list.
5. That Child Support Enforcement continue with its plan to add information regarding voluntary paternity establishment to its website so that it will be accessible to hospitals, RCSEUs, Vital Records, and unmarried parents.
6. That Child Support Enforcement explore additional ways to use technology to provide parents with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity. Examples could include websites or interactive voice response systems.

XI. Recognitions

Child Support Enforcement wishes to thank the hospitals, RCSEUs, and Vital Records for responding to the surveys and for other assistance provided during this eighth annual assessment.

XII. Appendix

Attachment 1	North Dakota Acknowledgment of Paternity (SFN 8195)
Attachment 2	Voluntary Paternity Acknowledgment Program Survey (Hospitals)
Attachment 3	Voluntary Paternity Acknowledgment Program Survey (Regional Child Support Enforcement Units)
Attachment 4	Voluntary Paternity Acknowledgment Program Survey (North Dakota Department of Health, Division of Vital Records)